



CSR Listing: N/A **Date of Inspection:** 2/21/20

Site Address: NE 55th St to NE 45th St and from 7th Ave NE to I-5 NB **Date of Clean-Up:** 2/21/20

Referred By: Nav Team

CSR Number: N/A

Field Coordinator (Initial Inspector): Coney Moore **Photos to FAS?** Yes No

Responding Field Coordinator: Coney Moore

Field Coordinators are responsible for ensuring that photos are taken to document the clean-up event and saved to the appropriate G: Drive folder. This includes pictures of site conditions, tents, storage, and before/after photos.

SITE OCCUPANCY DATA- Site occupancy must equal zero or photographic proof must show that the tents, structures, bedroll and residual materials are abandoned before a site may be determined a litter pick-up site. Litter removal in an active camp should be documenting on 72 Hour Journal.

Date of Event	Tents	Structures	Bed Rolls	Vehicles	TOTAL COUNT
2/21/20	N/A	N/A	N/A	N/A	N/A
SITE CHARACTERISTICS			HEALTH CONDITIONS		
Park	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Disorganized	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sidewalk	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Garbage/Bagged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Within 50ft of a water body or wetland	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Garbage/Loose	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Roadway	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Garbage/Bulky Items	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Within 50ft of a Guardrail	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Garbage/Metal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heavy Traffic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Human Waste	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Near Industrial Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Rats/Mice	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Forested Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Play Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Falling Tree or Limbs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Rented Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chemical Waste	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Slope	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fires	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Slide Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Criminal Activity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Weapons	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other: near freeway onramp	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Open Alcohol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Sharps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Damage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TOTAL COUNT:		4	TOTAL COUNT:		9



Reason for Litter Removal

<input type="checkbox"/> Blocking intended use of facility	<input type="checkbox"/> Blocking intended use of Park	<input checked="" type="checkbox"/> Public Health concern
<input type="checkbox"/> Litter onside walk	<input type="checkbox"/> Blocking intended use of facility	<input type="checkbox"/> Safety or Hazard concern for others near litter

PRE-CLEAN UP ACTIVITIES

SPD or WSP officers are present to support cleanup		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Crew is present and ready to support cleanup		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emphasis Zone	(Date: _____)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

RESOURCE PLANNING

SITE CREW ASSESSMENT *of* FIELD CONDITIONS

JOB SITE INSTRUCTIONS		Specifications/Notes
Fall Protection Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
Waste Hauling to Dump	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____
Waste Hauling to Other Location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
Vegetation Pruning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
Biohazard Waste	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____

EXTERNAL CONTRACTORS

	Total	Description
Number of Labor Crew Involved	2	Cascadia
Number of Hazmat Crew Involved	1	_____
Number of Truck Drivers Approved	1	_____
Number of Full Time Days On-site Approved	0	_____
Number of Partial Days On-site Approved	1	_____
Total Hours Approved	4	_____



INTERNAL CLEAN UP TEAMS

	Total	Description
Number of Heavy Teams	<u>0</u>	_____
Number of Light Teams	<u>0</u>	_____
Number of Full Time Days On-site Approved	<u>0</u>	_____
Number of Partial Days On-site Approved	<u>0</u>	_____
Total Hours Approved	<u>0</u>	_____

Exh D - Clean Up Photos





After Clean Photos





Site Name: NE 55th St to NE 45th St and from 7th Ave NE to I-5 NB
Date of Clean Up: 02/21/20

 Field Coordinators are responsible for completing this form as part of the *Site Journal*. You should log the following –

- Tent owners who present and accept storage
- Tent owners who are present and indicate that they want their tent/belongings disposed of
- Abandoned tents or items found in debris that we are storing
- Abandoned tents that we are disposing of

Each tent/structure should occupy one line so we can document if storage was offered, accepted or to explain why we disposed or stored items. After this form is complete, you will use the totals from this form to fill out the Storage Summary and Totals information.

Tent Naming Convention: T#-Initials-MonthDay

Example: T1-JH-0428

Owner Name or Tent/Structure #	Owner Present?	Storage?	Not Storable? <i>Check All That Apply</i>	# of Bins	# of Bikes	# of Luggage	# of Large Items	Short Description
Nothing storable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					Litter pick of trash and debris scattered throughout. Items were wet, moldy and needles were scattered. Nothing storable
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Human Waste <input type="checkbox"/> Damaged					